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Supplementary File 2. Public involvement

A parent advisory group (N = 7), which was established to support research assessing the feasibility of collecting community-based real-time syndromic and microbiological respiratory tract infection surveillance data[1] was involved in developing the parent-targeted intervention material and the study design. Parents' feedback on the intervention and survey was gathered at a facilitated face-to-face meeting (N = 3 mothers) and parents that could not attend the meeting (N = 4) commented via email communication.

Parents provided feedback on the intervention content and presentation using the think-aloud protocol, prompting them to verbalize their thoughts, impressions and feelings whilst engaging with the intervention material.[2-4] The usability of the proposed material was tested according to Nielsen's heuristics that were relevance to this intervention,[5-6] having parents rate the following:

- Consistency of presentation:

  Is the intervention content clearly presented and are messages clearly communicated throughout?

- User's language:

  Does the language of the intervention reflect the language used by parents? Is the intervention material understandable and clear?

- User's input options / repertoire of available actions:

  How easy is it to navigate the intervention material? Are there any potential navigation problems, for example moving between intervention components or selecting the local area?

- Aesthetic integrity and design simplicity:

  Is the design of the intervention content appropriate?

The approach of combining ratings of multiple evaluators has been found to be a reliable method to identify usability problems in a user interface design. Overall, parents viewed the intervention positively ("*This is really good advice. Shows not to panic. Very helpful"*), but minor changes regarding wording and the viral surveillance presentation were made based on their feedback.

The survey, including the illness scenario and proposed questions, was pretested with the group to increase validity and to check if:

- Answering the survey was not too burdensome;
- How long it would take (Average response time = 15min);
- Language used was clear and questions not misleading;
- Response scales were adequate.

The pretest highlighted some ambiguities and small changes were made in response, specifically clarifying instructions to keep answer options of validated scales unchanged wherever possible and changing the illness scenario to rhino virus and listing symptoms in the order discussed in the intervention material.

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